2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90500 035 ***150.00

DOCUMENT # P99000015795

1. Entity Name
KELLAND ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6574 NORTH STATE ROAD SEVEN SUITE 115 COCONUT CREEK FL 33073-3617	6574 NORTH STATE ROAD SEVEN SUITE 115 COCONUT CREEK FL 33073-3617

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1250 Tennis Place Court	607 Northaven Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanibel, FL	City & State: Glenshaw, PA
Zip: 33957 Country:	Zip: 15116 Country:

4. FEI Number 65-0899504 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIPARDO, CHARLES J
~~6574 NORTH STATE ROAD SEVEN~~
~~SUITE 115~~
~~COCONUT CREEK FL 33073-3617~~

7. Name and Address of New Registered Agent

Name: Daniele DiPardo
Street Address (P.O. Box Number is Not Acceptable): 1250 Tennis Place Court / unit E-31
City: Sanibel FL Zip Code: 33957

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Daniele DiPardo R/A DATE 1-15-2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	LANDY, WAYNE	
STREET ADDRESS	607 NORTHAVEN CIRCLE	
CITY-ST-ZIP	GLENSHAW PA 15116	
TITLE	VPD	☐ Delete
NAME	KELLY, PAMELA	
STREET ADDRESS	10570 CREST RD	
CITY-ST-ZIP	WEXFORD PA 15090-9444	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
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STREET ADDRESS			
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TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED 2-28-03 412 486 4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #